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## PRESIDENT-ELECT'S PAGE

Some have wondered about the continuance of our Annual Dues at \$20.00 per year, while omitting the Postgraduate Days during the war. The Council of the Society wishes this statement to be made.

The By-Laws specify that dues shall be \$20.00 per year for Active Members; Associate members (a) and (c) \$20.00 per year. Council has allowed \$5.00 of the dues to Postgraduate expense. Thus our members paid nothing extra for Postgraduate attendance. This eliminated the needless work of selling tickets to our own members. Such action by Council was possible when all our men were here paying dues. Now that they are in the service, we collect no dues from them. Therefore, it has been deemed unwise to reduce the dues at this time although Postgraduate Days are to be temporarily omitted, because:

- (1) All our other expenses continue, and in most instances are materially increased;
- (2) More than one-third of our members are in war service. Their dues will not be assessed during their absence in defense of our common country. Their total dues amounted to more than the cost of Postgraduate expense.

Since we are aggressively going bravely forward with our scientific work, which no member will want to see curtailed, and since we are all anxious to keep our financial status sound so that our treasury will be in proper condition to carry on vigorously upon the return of our men, we believe we should make no change in our dues at present.

This statement is made in order that everyone may understand.

ELMER H. NAGEL, M. D.,  
*President-Elect.*

# BULLETIN

*of the*  
Mahoning County Medical Society

JUNE

1 9 4 3

## Editorial ---

Dr. Marvin's discussion of "Some Practical Aspects of Diagnosis and Treatment of Heart Disease," proved to be just what the title suggests,—very practical. The doctor emphasized that not all apparent disturbances of the heart are really such. He also stressed the frequent incidence of disabilities resulting from unwise announcement to the patient of heart disease until one is sure. It is no easy task to remove from the neurotic the fears thus created.

One thing we of the commonality wonder about is the utility of that mysterious machine, the electrocardiograph. When the uninitiated sees this perplexing thing he gulps with awe and admiration. Presto,—here's the way! But, as Dr. Marvin's pictures showed, the crazy jagged lines for normal hearts are often exactly like those for differently diseased hearts! Those chest specialists are wizards! Novices! Don't buy this machine—yet!

Dr. Marvin's audience was very large and very much pleased with him.

## AUXILIARY NOTES

The Women's Auxiliary to the Mahoning County Medical Society had a very successful Benefit Bridge party May 17 with Mrs. Geo. McKelvey and Mrs. John McCann heading a capable committee. We

realized \$160.00 which will be given as follows:

\$100.00 to Y.M.C.A. for use in local U.S.O. activities.

\$35.00 to U.S.O. petty cash box.

\$25.00 to the Canteen to be used in entertaining service men.

There will be no meetings during the summer although Red Cross work will continue. The next regular meeting is Oct. 18th.

## SECRETARY'S REPORT

The regular monthly Council meeting was held at the office of the Secretary on the 10th of May. The following applications were passed by Council:

### *Active Memberships*

Dr. Genevieve Delfs  
Dr. Edwin R. Brody

Unless objection in writing is filed with the Secretary with 15 days, they will become members of the Society.

The regular monthly meeting was held at the Youngstown Club on the 18th of the month with Dr. H. M. Marvin, Associate Clinical Professor of Medicine at Yale University the speaker. Dr. Marvin's subject was "Some Practical Aspects of Diagnosis and Treatment in Heart Disease."

G. M. McKelvey, M. D.,  
*Secretary.*



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## THE DOCTOR'S DOLLAR

By J. L. PRICE, Executive Director, The Medical-Dental Bureau, Inc.

Editor's Note: The following article appeared in the Bulletin of the Merchants Credit Bureau of this city. It was written by Mr. Price in an effort to impress the commercial credit men of this city with the necessity for considering professional obligations when extending credit.)

"For Professional Services Rendered"—All of you have, of course, seen and heard this phrase many, many times. And whenever you have, it is evidence that credit has been granted. Credit that has been granted in 99 per cent of the cases without benefit of any credit investigation, without any questions being asked in a large majority of the cases.

Additional credit may often be granted when fees of long standing are still unpaid. Here again the doctor differs from the average commercial credit grantor. It, however, is perfectly true that credit should not be usually extended to persons who have not proved by past performance an ability to meet new obligations when due, still their problem is that these are precisely the cases in which new credit is asked for.

When a person applies for additional credit in a department store, the credit executive, before granting the new credit, determines whether the old accounts have been met when due and whether the present indebtedness of the applicant will prevent him from meeting this newly acquired obligation. If in the judgment of the commercial credit grantor the applicant's debts are too great for him to safely to take on new burdens, his request is declined. The decision is not arrived at by any code of ethics. The doctor only too often should decline, but cannot, except occasionally. We do not mean to leave the impression that they should refuse to render service when the

patient is unable to pay, to do this would certainly be most unethical; but anyone, even the Medical Profession, has the right to protect himself against deliberate fraud. It should not be necessary for a doctor to become the victim of every easy-virtued dead-beat simply to avoid doing an injustice to a worthy patient. What is needed by the doctor is a knowledge of the patient's credit status, what he can pay, what he does pay, what he should be expected to pay, and above all, how he pays professional obligations, or in other words the same simple rules that govern the extension of commercial credit.

To accomplish this purpose for the commercial credit executive a perfect picture cannot be had unless all of his indebtedness is known—medical and dental obligations included. How many applications for credit would reveal professional obligations if left entirely to the discretion of the applicant? Yet on the other hand, inspect your bankruptcies. How many schedules will show professional bills listed—they never miss,—some even have the appearance of a medical roll call. Professional credit, the same as commercial credit, cannot be controlled individually—joint effort is absolutely indispensable. Furthermore, one should be an integral part of the other.

So by the cooperation of you credit men if the doctors are permitted to collect larger percentage of their accounts from patients who are not heavily loaded with obligations in the commercial field, then a percentage of the money will be spent by them in your store.

Sickness is seldom anticipated and medical care to date is almost entirely neglected from the family budget. Maybe it is the fault of the family, maybe it is the fault of the physi-

cian. Curiously enough, their profession, which is the most outstanding for its progress in analytical scientific research, suffers most from a lack of that same research in its business methods. However, their training was, and in all probability will continue to be, along scientific lines, so that is perhaps why they are prone to lean upon the lay credit people for a little cooperation.

To date there has been a sharp line drawn between commercial and professional accounts. To do so is not consistent with the facts in the case. When collection is effected sanely and competently, then and not until then, have they any tangible realization of their investment of education and those first lean years. The profession as a whole must come to an understanding of the economic needs, that they will see the need for cooperation with other credit people. Likewise, your credit fraternity must realize its position and it is to the interest of both parties concerned to bring this about. It is reasonably safe to say they would abide by any cooperative plan that would place professional accounts in their proper status and that in itself would result in a greater wealth of credit information and the improvement of credit conditions.

Youngstown should and could be made an outstanding example of co-operation between the Bureau and the Profession. The credit standing

at department stores, which many substantial citizens are jealously guarding, is being protected at times at the expense of professional obligations. Members of the Profession in this city consider it a privilege, not a burdensome obligation, to report bad accounts. They take pride in the fact that in doing so they are building the files for the guidance and protection of all members. They have proven to the citizenry of Youngstown that professional credit rating is just as important to protect as a commercial rating. They believe in preventive treatment rather than curative measures. Perhaps, too, these Physicians and Dentists have had a little education in economics.

The average medical man is reluctant to discuss business matters with his patient. However, it is the general belief that any doctor who fully believes in the value of his services should have no hesitation in adopting a frank and open attitude and establishing a preliminary agreement with the patient. It has also been found that a patient's fee, which has been agreed upon, is more productive of the desired results. Professional men are selling their education, their training, their time, their experience, or all summed up—SERVICES. You are purveyors of merchandise. Shouldn't both assume from the beginning a sense of expectation of payment? Remember then, the doctor's fee when considering applications for credit.

## FROM OUR DOCTORS IN THE SERVICE

**Lou in Good Company—But Doesn't "Enthusie" for the Rapids!**

Grand Rapids, Michigan  
March 29, 1943

Dear Claude:—

Thanks for the February Bulletin. It was very good. The March issue has not reached me yet, because of my change of address. You may not know that my "tour of duty" brought me to a new post. On February 13th orders come to "proceed without delay" to Grand Rapids, and when Uncle Sam orders to proceed he means it, and pron-

to. My address here is Pantlind Hotel.

Anyway, here I am, fighting the battle of Grand Rapids. This post is primarily a meteorology school for the Air Forces. It is in the process of organization, and when completed will be the largest of its kind. We expect to have in a short time, about six or seven thousand student cadets, besides the other troops.

Most of the student cadets are college graduates in engineering or mathematics and two years of college is the minimum educational requirement. They are a high

type of young men, with whom it is a pleasure to associate. The course lasts nine months, and is a hard one, they tell me.

A word about Grand Rapids. As you know, the city is so named because it is situated on the banks of what the natives euphemistically call the "Grand" River. If you can keep a military secret, I can tell you that the muddy stream is no more "grand" than Crab Creek. Which makes me wonder, parenthetically and relevantly, whether anyone ever did find crab in that magnificent body of water so dear to our hearts. Ah, I am filled with nostalgia when I think of the pea soupy little giant that is a mythical stream until it suddenly goes on a rampage. How well do I remember when, on several occasions, it turned Basin Street into a veritable Grand Canal. All we needed was a few gondolas and the sounds of "O Sole Mio." Justa lika Venezia!

But to return to Grand Rapids: The Rapids are, to my knowledge, non-existent. In fact there is nothing rapid about the whole place. The city is much like Youngstown in size and many other respects, although the tempo is considerably slower. The population is largely native and of Dutch origin. The directory abounds in "Vans," "De's" and names ending in "a". My name is usually Hollandised to Dykema, a common Dutch name here. The people are friendly but practical, so that enthusiasm for the men in uniform does not prevent them from charging us fairly high rents or making a profit off us.

Grand Rapids has seen better days. Though it is still called, by the natives, the "furniture capital of the world," it would be more correct to call it the former capital, as it has lost most of this business to the South, to Chicago and other places. From what I gather, the furniture industry was originally established here because of the abundance of fine virgin forests in the vicinity. Unfortunately, these were wantonly cut down without any program of reforestation, and now that the lumber gave out and has to be imported, the place has lost its advantage and raison d'etre. No inducements were offered to new industries, so that, for a number of years, the city was on its uppers. As one of the natives somewhat apologetically told me: "the city is progressive but not aggressive."

Now some of the war boom business has reached here too. Unemployment has been absorbed, as have most of the vacant stores and houses. And while on the subject of houses, the city is interesting in one respect. It is full of multi-gabled and multi-roomed mid-Victorian frame

atrocities so reminiscent of more opulent and rococo days. Until recently they were a drug on the real estate market. Now they are converting them into small apartments, which are in demand now on account of the influx of army personnel.

In the business district one sees, side by side, modern, though not too tall, skyscrapers, and narrow windowed brownstone "emporiums" of civil war vintage. Elsewhere they would clash, but here they only symbolize an arrested development of the community. However, there is a good deal of dignity and charm even in the older residential streets. They are lined with old and stately trees, and I expect that in summer they will have a certain beauty. There are also some modern but not nearly as interesting sections.

I should add that the place in general is much to our liking, and that the people, whom we have so far met, have been kind and friendly to us. The criticism, though realistic, is not given in an unfriendly spirit.

Now, for matters more personal. Eight months in the army have acclimated me to this life and I do not take the soldiering part quite so strenuously or seriously now. God knows I tried hard. No one will ever know how I used to strain to throw out my chest and suck-in the slightly hypertrophied embonpoint. You think that's easy? Well try it yourself. Me, when I do it, it only results in a silly perpendicular peristalsis of my midriff. My poor viscera and intercostal spaces cry out "Give us liberty, or give us breath." When, after months of torture, I discovered that it only made me uncomfortable without adding a whit to my military bearing, I gave it up as a bad job, and am again, thank goodness, allowing my sundry anatomical structures to fall into their accustomed, albeit unmilitary, places. And now I am reconciled to the thought that a middle aged doctor becomes a "soldier boy" when he enlists, about as much as an old maid becomes a "young bride," when she marries.

On the credit side of the ledger, I have acquired a snappy salute, and a right handed one, at that. At one time I was considered one of the best ambidextrous saluters in the army. I also have a fairly good idea whom to salute, although, occasionally, I still catch myself saluting a movie doorman. But the dears do look so much like Lieutenant Commanders. (excuse me Jimmie, Herm and Bill, et alia). Seriously speaking, the higher ups would rather have us practice good medicine than be tin soldiers.

I have been fortunate to get assignments in my own specialty since my in-

(Continued on Page 137)



# Honor Roll



## Doctors from Private Practice

- Capt. O. A. Axelson, Med. Det. 36, Indian Town Gap, Pa.  
 Capt. D. A. Belinky, 1126 Poplar Ave., Memphis, Tenn.  
 Capt. Morrison Belmont, M.C., Station Hospital, Venice, Fla.  
 Lieut. J. M. Benko, 124th Sta. Hospital, Camp Carson, Colo.  
 Capt. B. M. Brandmiller, M.C., 593 E.A.R., Fort Ord, Calif.  
 Major B. M. Bowman, F.A.A.A.B. Station Hospital, Santa Ana, Calif.  
 Capt. P. L. Boyle, Station Hospital, Chicago, Illinois.  
 Capt. J. R. Buchanan, M. C., Hendricks Field, Sebring, Fla.  
 Major R. S. Cafaro, Sta. Hospital, Camp Blanding, Fla.  
 Capt. H. E. Chalker, M.C., A.P.O. 8896, c/o Postmaster, Seattle, Wash.  
 Lt. Comm. R. V. Clifford, Navy No. 601, Fleet P. O., N. Y. City.  
 Capt. Jos. Colla, M. C., U.S.A. Disp., Pentagon Bldg., Washington, D. C.  
 Capt. Fred S. Coombs, Truax Field, Madison, Wis.  
 Lieut. C. H. Cronick, (1813 Slater St.) Moody Field, Valdosta, Ga.  
 Lieut. A. R. Cukerbaum, U. S. Naval Base No. 4, c/o Fleet Post Office, San Francisco, Cal.  
 Capt. S. L. Davidow, 14th Field Hospital, Camp Bowie, Texas.  
 Capt. G. E. DeCicco, 532nd Rgt. Med. Det., A.P.O. 704, c/o Postmaster, San Francisco, Cal.  
 Major L. S. Deitchman, 550 Paris Ave., S.E., Grand Rapids, Mich.  
 Capt. Samuel Epstein, Ft. Jackson (303 S. Saluda) Columbia, S. C.  
 Lieut. Comm. W. H. Evans, U.S.S. Rixey, c/o Fleet Post Office, San Francisco, Cal. (Hotel El Cartez)  
 Lt. B. I. Firestone, M. C., 6th Gen. Disp. A.P.O. No. 700, c/o Postmaster, New York City.  
 Lieut. Comm. J. L. Fisher, (U. S. N. R.), Camp Perry, Williamsburg, Va.  
 Lieut. J. M. Gledhill, 3rd Rec. Squadron, Ft. Bliss, El Paso, Texas.  
 Major S. D. Goldberg, M. C., Station Hospital, Camp Davis, N. C.  
 Capt. John S. Goldcamp, 158 Station Hospital, Ft. Sill, Okla.  
 Lieut. Comm. M. B. Goldstein, A-3-N. T. S. Newport, R. I.  
 Capt. Raymond Hall, M. C., 32nd Sta. Hosp., A.P.O. No. 700, c/o Postmaster, New York City.  
 Capt. H. E. Hathorn, Station Hospital, Camp Adair, (220 N. 29th St.) Corvallis, Oregon.  
 Capt. Malcolm H. Hawk, M. C., Station Hospital, Camp Crowder, Mo.  
 Capt. Herman H. Ipp, Sta. Hosp., Army Air Forces Nav. School, San Marcos, Texas.  
 Capt. P. M. Kaufman, M.C., A.S.N. 0481412, 35th Station Hospital, A.P.O. 520, c/o Postmaster, N. Y.  
 Capt. M. M. Kendall, 25th Service Group, Med. Div., Greenville Air Base, S. C.  
 Lieut. J. P. Keogh, M.C., U.S.N.R., Navy No. 10, c/o Fleet Post Office, San Francisco, Calif.  
 Major J. E. L. Keyes, (Bushnell) General Hospital, Brigham, Utah.  
 Lieut. S. J. Klatman, M. C., Seattle Port of Embarkation, Seattle, Wash.  
 Capt. Herman A. Kling, 197 Station Hosp., Camp Breckenridge, Ky.  
 Lieut. J. B. Kupec, Med. B.O.Q. Station Hospital, Patterson Field, Colorado Springs, Colorado.  
 Lt. Com. O. M. Lawton, National Naval Medical Center, Bethesda, Md.  
 Capt. L. J. Malock, Station Hospital, Camp Chaffee, Arkansas.  
 Major A. C. Marinelli, M. C., Station Hospital, New Orleans Staging Area, New Orleans, La.  
 Capt. H. D. Maxwell, M. C., Camp Ripley, Minn.  
 Major P. R. McConnell, 38th Gen. Hosp., A.P.O. 678, Unit No. 1, c/o Postmaster, N. Y. City.  
 Maj. W. D. McElroy, M. C., 32nd Sta. Hosp. A.P.O. No. 700 c/o Postmaster, New York City.  
 Capt. R. H. Middleton, Indiana Nat. Armory, Evansville, Indiana.



# Honor Roll



- Capt. L. H. Moyer, M. C., 0-1693339, Med. Off. Rep. Pool, Torney Gen. Hosp., Palm Springs, Cal.
- Lt. Stanley Myers, M. C., U.S.N.A.B., Hospital No. 3, Navy 212, c/o Fleet Post Office, San Francisco, Cal.
- Capt. M. W. Neidus, Med. Det. 155th Inf. Reg., A.P.O. 31, Camp Shelby, Miss.
- Major G. G. Nelson, M. C., Med. Sec. 1570th S.C.S.U., Camp Breckinridge, Morganfield, Ky.
- Major John Noll, Jr., M. C., A. A. S. T. T. C., 1660 E. Hyde Park Blvd., Chicago, Ill.
- Major R. E. Odom, Santa Ana, Calif.
- Major T. E. Patton, Med. Dept. Replacement Train. Center, Camp Grant, Ill.
- Capt. Asher Randall, Portage Ord. Depot, Ravenna, Ohio.
- Capt. L. K. Reed, M. C., Sta. Hosp. Army Air Base, Muroc Field, Calif.
- Asst Surgeon (Reserve) Harold J. Reese, U. S. Maritime Train. Station, Manhattan Beach, N. Y.
- Lieut. J. A. Renner, U. S. S. Albermarle, c/o Postmaster, N. Y. City.
- Capt. John A. Rogers, M. C., 262 Station Hosp. Camp Shelby, Miss.
- Capt. M. S. Rosenblum, Robbins Field, Macon, Ga.
- Capt. J. M. Russell, M. C., (01693386) 80th Field Art. Bn., 6th Div., A. P. O. No. 6, Desert Maneuvers, c/o Postmaster, Los Angeles, California.
- Lieut. Samuel Schwobel, M. C. U. S. N., U. S. S. Kankakee, A. O. 39, Postmaster, San Francisco.
- Major C. W. Sears, M.C., 313th Sta. Hospital, Camp Rucker, Ala.
- Capt. J. L. Scarneccchia, B. T. C. No. 7, Haddon Hall, Atlantic City, N. J.
- Lieut. L. S. Shensa, 4th Med. Bn., U. S. Army, Camp Gordon, Augusta, Ga.
- Capt. Henry Sisek, M. C., Med. Det., 41st C. A., A. P. O. 952, c/o Postmaster, San Francisco, Calif.
- Major Ivan C. Smith, 1580th S. U. Station Hospital, Camp Campbell, Ky.
- M. M. Szucs, U.S.P.H.S. (R) Passed Asst. Sur. 177 Milk St., Boston Mass.
- Capt. Samuel Tamarkin, M. C., A. A. B., Columbia, S. C.
- Lieut. W. J. Tims, (0-466186). The 10th A.D.G., Hq. A.P.O. 635, c/o Postmaster, N. Y. City.
- Lieut. C. C. Wales, M. C., 333rd Inf., 48th Div. Med. Det., Camp Howze, Texas.
- Capt. S. W. Weaver, M. C., Station Hospital, A. A. F. T. T. C., Chicago, Ill.
- Capt. L. W. Weller, Station Hospital, Camp Wallace, Galveston, Texas.
- Lieut. J. A. Welter, 83rd Med. Bat., Camp Beale, Calif.
- Lieut. Com. H. S. Zeve, Naval Air Station, Trinidad, British West Indies.

## Youngstown Hospitals' Internes

- Lt. W. Frederick Bartz (A prisoner of the Japs)
- Lt. David E. Beynon, 83rd C. A. (A.A.) Medical Detachment, A.P.O. 832, c/o Postmaster, New Orleans, La.
- Lt. Kenneth E. Camp, 38th Div., 113th Med. Battalion, Camp Shelby, Miss.
- Capt. Louis D. Chapin, M.C., 325th Engs. Bn., A.P.O. 100, U. S. Army, Fort Jackson, S. C.
- Lt. William E. Goodman, Co. B., 83rd Medical Battalion, 13th Armored Division, A.P.O. 263, Camp Beale, California.
- Lt. Benjamin G. Greene, 152nd Field Artillery Battalion, 43rd Division, A.P.O. 3193, c/o Postmaster, San Francisco, Calif.
- Lt. James Hamilton, M.C., U.S. Navy, A.P.O. 661, c/o Postmaster, New Orleans, La.
- Capt. Woodrow S. Hazel, Station Hospital, Lowry Field, Colorado.
- Capt. Herbert B. Hutt, Torney General Hospital, Palm Springs, Calif.



# Honor Roll



- Richard P. Jahn, (Address Wanted)  
 Major Louis R. Kent, Reg. Surgeon & Com. Officer, Med. Det., Camp Mackall, Hoffman, N. C.  
 Robert S. McClintock, In Public Health Service, Ass't Surgeon, Fort Trumbull, New London, Connecticut.  
 Capt. Donald A. Miller, Medical Corps, 30th Station Hospital, A.P.O. 523, c/o Postmaster, New York, N. Y.  
 Capt. Albert M. Mogg, Co. C, 329th Medical Bat., Army P.O. 104, Camp Adair, Oregon.  
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 Lt. Howard E. Possner, Jr., (Address Wanted)  
 Lt. Louis G. Ralston, (Address Wanted)  
 Lt. Frederick L. Schellbase, M.C., 300 College St., Macon, Ga.  
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 Capt. Densmore Thomas, 01693343, Co. B, 113th Med. Bn., A.P.O. 38, Camp Lexington, La.  
 Capt. Frederick R. Tingwald, M.C., 60th Field Artillery Battalion, A.P.O. 9, c/o Postmaster, New York City.  
 Lt. Nevin R. Trimbur, (Address Wanted)  
 Lt. Richard W. Trotter, 0193344, Co. A, 151st Med. Bn., A.P.O. 689, c/o Postmaster, N. Y.  
 Robt. E. Tschantz, Home address, 740 Seventh St., N. W., Canton, Ohio.  
 Lt. Walter B. Webb, (Address Wanted)

## St. Elizabeth's Internes

- Adanto D'Amore (Missing in action, Phillipine Islands).  
 Major Geo. L. Armbrecht, M.C., 0-357508 Med. Det. 8th Inf., 4th Div., U. S. Army, A.P.O. 4, Fort Dix, New Jersey.  
 Nathan D. Belinky (A prisoner of the Japs)  
 Dr. Donald J. Birmingham (Public Health Service) 210 Domer Avenue, Takoma Park, Maryland.  
 David D. Calucci (Address Wanted)  
 Major E. F. Hardman, M.C., Sta. Hosp., Morris Field, Charlotte, N. C.  
 Morris I. Heller (Address Wanted)  
 Lieut. Sanford Kronenberg, Hotel Guyon, 4000 Washington Blvd., Chicago, Ill.  
 Capt. Henry C. Marisco, M. C., 1560 S. U. Medical Section, Sta. Hosp., Camp Atterbury, Indiana.  
 John T. Murphy (Address Wanted)  
 Major Stephen W. Ondash, M.C., 4th Aux. Surgical Group, Lawson Gen. Hospital, Atlanta, Georgia.  
 Lieut. A. K. Phillips, Patterson Field, Fairfield, Ohio.  
 Capt. Joseph Sofranec, 0489202, 110th Station Hospital, A.P.O. No. 3385, c/o Postmaster, New York, N. Y.

## St. Elizabeth's Hospital Nurses

Regina Aleksiejezyk	Catherine Holway	Congetta Pietra
Roselyn Block	Mary L. Kelley	Ann Pintar
Eleanor Cassidy	*Mary Klaser (Deceased)	Mary Ribich
Hilda Cherasin	Mary Lubonovic	Teresa Schlecht
Miss Crogan	Clara McNeish	Rose Vartucci
Ann Dorsey	Theresa Magyar	Irene Vassey
Catherine Doyle	Josephine Malito	Ethel Yavorsky
Virginia Frame	Margaret Meletic	Helen Zamary
Ann Hassage	Shirley O'Hara	Helen Zerovich
Margaret M. Hogan	Alma Pepper	Mary Ziroff
	Catherine Pietra	

\* Nurse Mary Klaser passed away July 15th at Billings Hospital in Fort Benjamin Harrison, Indiana.

# Honor Roll

## Youngstown Hospital Nurses

Ellen Andre	Frances Bulla Holden	Ruth Rider
Ethel Baksa	Mary Hovaneac	Rose Rufener
Dorothy Barner	Elizabeth Hudock	M. Schnurrenberger
Mary Berkowitz	Irene Janceski	Ruth Simmons
Suzanne Boehm	Agnes Keane	Mary Louise Smith
Stella Book	Katherine Keshock	Mary Stanko
Betty Boyer	Eugenia Kish	Donna Stavich
Florence Brooks	Lois Knopp	Stella Sulak
Miss Dorothy Buckles	Irma Kreuzweiser	Mary Taddei
Ruth Burrage	Marietta Leidy	Freda Theil
Victoria Dastoli	Vivian Lewis	Ursula Thomas
Margaret Davis	Olive Long	Rebecca Ulansky
Dorothy Dibble	Ruby Lundquist	Anna Vanusek
Miss Nellie Duignan	Jeannette McQuiston	Madaline Vranchich
Margaret Fajak	Frances Moyer	Agnes Welsh
Ruth Friedman	Helen Ornin	Eleanor Whan
Sally Friedman	Dorothy Oswald	Edna Williams
Ethel Gonda	Anglynne Paulchell	Mildred Yocom
Elizabeth Heaslip	Edna May Ramsey	Jennie Zhuck
Mary Ann Herzick	Lucille Reapsummer	
Rosemary Hogan	Mary Resti	

## Dentists from Private Practice

Lt. Stanley R. Abrams, Great Lakes Naval Training Station, Illinois.
Lt. Gilbert R. Backus, Post Dispensary, Marine Base, Quantico, Va.
1st Lt. Morgan W. Baker, A.A.F., Kellog Air Base, 7th Service Group, Battle Creek, Michigan.
1st Lt. Victor P. Balmenti, 893 Tank Destroyer, Battalion B. N., Camp Hood, Texas.
1st Lt. Thos. L. Blair, D. C., Columbia University, New York City.
1st Lt. Fred E. Elder, D. C., Dental Clinic, Camp Wheeler, Georgia.
1st Lt. A. E. Frank, Recruiting & Induction Station, Kalamazoo, Michigan.
1st Lt. William T. James, D. C., Air Technical School, Station Hospital, Madison, Wisconsin.
Lt. Comm. H. E. Kerr, U. S. Naval Hospital, Corona, California.
Capt. W. J. McCarthy, D. C., Station Hospital, Camp Bowie, Texas.
Capt. J. L. Maxwell, D. C., Station Hospital, Fort Knox, Ky.
1st Lt. W. V. Moyer, D. C., Station Hospital, Fort Benjamin Harrison, Ind.
1st Lt. W. S. Port, D. C., Station Hospital, Aberdeen Proving Grounds, Aberdeen, Maryland.
Lt. Robert W. Price, Station Hosp., Aberdeen Prov. Grounds, Aberdeen, Md.
1st Lt. Earl W. Reed, D. C., Station Hospital, Camp Joseph T. Robinson, Little Rock, Arkansas.
1st Lt. P. P. Ross, D. C., Station Hospital, Camp Gruber, Oklahoma.
Capt. W. R. Salinsky, D. C. (Residence) 1221 Arlington St., Gainesville, Florida.
Lt. Paul W. Suitor, D. C., U.S.N., U.S.S. Indiana, Postmaster, N. Y. City.
1st Lt. D. J. Welsh, D. C., 332 Air Base, G. P. Base Hospital, Gowen Field, Idaho.

We are sending the Bulletin first class to our men in service and request that they acknowledge receipt of it. We at home will always be grateful to our Service Men for a word for the Bulletin. We hope to receive many letters from our men each month. We would welcome letters from our nurses, too.

CLAUDE B. NORRIS, Editor

Phone 37418

**THIS MONTH—JUNE—****We Present—****DR. GEO. M. CURTIS**

Chairman, Dept. of Research Surgery, School of Medicine, Ohio State University

**Subject:—****"CONCERNING THE NATURE OF BLAST INJURIES"**

Our speaker this month (June 15), Dr. George Morris Curtis, is from Michigan, born in Grand Rapids, April 2, 1890. He received his A. M. in Biology from the University of Michigan in 1910, and in 1914, he followed through with a Ph. D. in Anatomy.

From 1915 to 1920 he served as Professor of Anatomy at Vanderbilt University. Meantime he contrived through summer toil and sweat—and maybe some tears—to get his M. D. from Rush Medical College.

Dr. Curtis served a year as Intern at the U.S.P.H.S. Hospital No. 30 and then went to the Presbyterian Hospital, Chicago, as Resident. From 1922 to 1924 he was Assistant in Surgery at Rush. Across the deep Atlantic then went he, to Berne, there to serve, and to be served by, the renowned Prof. Dr. F. de Quervain. (There, by the way, he met his future wife, Miss Lucille Atcherson, Secretary of the U. S. Legation in Berne,—the first woman to enter our Diplomatic Service!)

Next thing, 1932, we find him elected Professor of Surgery at the University of Chicago,—then Zingo! WE got him! That very same year, 1932, he came to Ohio State as Professor of Surgery and Surgical Research, and in 1938 he became Chairman of Research Surgery—his present "pause" in his meteoric Professional Climb!

Dr. Curtis has the Phi Beta Kappa Key, he's a Sigma Xi, Alpha Omega Alpha, and Gamma Alpha. He's a club man,—the Columbus Club, the "Chacs" (Chicago) and Coffee House (Nashville). But,—and more,—

Dr. Curtis is a fellow of the A.C.S., A.M.A., A.S.A., Western Surgical Ass'n Southern S. A., Chicago Ass'n for the Advancement of Science, Am. Ass'n for Thoracic Surgery, Am. Ass'n for the Surgery of Trauma, and Am. College of Chest Physicians, and a dozen more of our leading special medical organizations.

His original investigations cover a wide range. Among these are his studies on the structure of the semeniferous tubule, the nature of diabetes insipidus, the action of specific diuretics, the relation of the thyroid gland to work efficiency, the anatomy of the parathyroid glands, Ascites, Chloride Metabolism, Blood Iodine, Iodine Metabolism, Calcium Metabolism and collapse therapy.

**Don't miss this top-flight program!**

**YOUNGSTOWN CLUB**

**June 15th, at 8:30 P. M.**

## From Our Doctors in the Service

(Continued from Page 131)

action. There have been other "second duty" jobs, but I have tried to accept them without too much "griping," although I do my share of it. Those who know army life know that the griping is also part of soldiering.

Until my arrival this post had no E. N. T. department. After it was established it has been the busiest department in the medical unit, and I am thoroughly enjoying the work. My fellow officers, medical and others, are good eggs, and as the organization is new and not too large (The table of organization calls for 175 Officers), there is little friction and jealousy, but, as in other places, these develop as the organization grows. There will be politics and the usual "apple polishing." Perhaps I can take all this more philosophically now than at first, and will eventually develop a modicum of "Aequanimitas." On the whole the atmosphere is not as stiff and formal as in other places, and we have been quite contented here.

Good luck to you Claude, and best wishes to the boys at home and in the service.

Lou Deitchman.

\*

**Al Ready to Sail!**

April 7th, 1943

Dear Dr. Norris:

I am here in San Francisco waiting to be sent to a naval base hospital somewhere outside of the Continental United States. There are a group of doctors here going to the same hospital. I have met most of the men and they are a swell group of fellows.

While waiting here I have seen some of the shows, places of interest, and also taking the rounds of the restaurants for which San Francisco is justly famous. Good health and with regards to all the men. I am

Lieut. A. R. Cukerbaum.

\*

**Capt. Neidus Tells Us!**

April 15th, 1943

My Dear Miss Herald:

Sorry I did not write to you before, but I felt I would wait until the war began. I cannot describe my golfing, boating, horseback riding experiences for they don't exist in the medical field work with the infantry. I regret that more of the Youngstown medicos aren't in the infantry. It may be that the rigors of outdoor life is too much for them.

The organization I am with has been out in the woods and swamps of Mississippi almost all winter. The going is plenty rough. 35 mile marches is a com-

mon occurrence with a full pack. I am very proud of the average American buck private. He has what it takes. It is no fun being exposed to natures tantra, mud, unceasing rain, no food for long periods of time, and sleeping on cold damp mother earth. Those who are not subjected to these ordeals should be discrete.

I have been out nearly all winter on the field learning and coordinating my medical detachment duties. My health has been excellent. We get up at 6:00 A.M. and on the go by 7:30.

I have been medical umpiring with one of the infantry divisions on maneuvers. The job is one of checking up the various medical installations in the field to see that they function properly. Have met a lot of doctors in my travels and they are about the same regardless where they come from. I am sorry for those of the doctors who are not getting into physical and mental condition to withstand the rigors of modern warfare. Soon they will be removed from beach hotels and subjected to tactics of a barbaric foe who knows none of the finer things in life. Many of us in the service do not realize as yet the death struggle we are in and that only the stronger and more resolute people will win.

Perhaps I should write in a lighter vein, but since you asked me months ago to write I thought I would wait and think and observe.

I have always appreciated your great interest in our Medical Society and I am thankful to you for sending me the Journal.

My kindest regards to the efficient editorial staff.

Capt. M. W. Neidus.

\*

**Luke Says Lots of Defectives Slip In!**

Muroc, Calif., May 12, 1943

Dear George:

Received my recent Bulletin and as usual "let the rest of the world roll by" until I had covered it. Seems mighty good to be able to keep in touch with all the wandering brothers by this very satisfactory medium. I got my Ohio State Bulletin today too and it carries quite a lot of general interest information. It's funny how one laps up any bit of news, or gossip, when so far away from the home theater. Do more reading here in a week than I ever got done in a month at home.

Heard from Ray Hall last week, sounds like he is seeing a little of Arabian nights with the help of some Arab gentlemen whom he has contacted; he intimated that shrapnel in and about the maxillo-facial area gets his eyes crossed sometimes, and that pretty often. McElroy apparently lost his shirt, pants

and contents too, lately when some Arabs with doubtful morals invaded the Hotel room and relieved him in his absence. Understand that McConnell had pneumonia awhile back, and got mixed up with a Jeep too, so has not enjoyed smooth sailing entirely. Hear occasionally from J. R. Buchanan, and he is still at Hendricks Field, Sebring, Florida, doing Orthopedics and by request, some general surgery.

I have been struck with the large number of physical defectives that have filtered into the service from all over the country; I have discharged Diabetics, loads of frank Mitral disease, Epileptics, and Chronic Otitis Media with perforations that sailed into the Army within recent months. After considering the type of Induction examination that must have been given these men, I take great pride in thinking that very few slips of that sort got through our Examinations in Youngstown. I am sure that some of these men, particularly the cardiacs, were not exposed to a stethoscope or their defects would most certainly have been detected. Somebody evidently forgot that all of us are going to have to pay the bills on these fellows that get into the army with defects that may be alleged as "aggravated by military service" when they are discharged.

There are quite a number of Youngstown boys here; every few days some lad walks up and asks me if I am from Youngstown; recently one who lives only a few blocks from home who had been in the office one day with a friend. I miss the Docs from Youngstown, and I have not seen one since I became the property of the 4th Air Force. We are very short on Medics in this area and are waiting with open arms for the July crop from which this Hospital expects to pick a few. Hope they send us one or two from Youngstown Hospitals.

Best regards to all at home and abroad, and thanks again for the good work being done by the Bulletin.

Luke (Capt. L. K. Reed)

\*

**Capt. Barclay Sees Dotty**

May 7th, 1943

Dear Miss Herald:

Thank you very much for sending the Bulletin every month. It's great to read about all the other medical officers scattered throughout the world and their various problems.

Our organization moved around the middle of April to Fort Ord, California, and to me it is the best of the four camps I've been to. I considered myself quite fortunate when I found out that I was able to drive to the new post.

Driving with Mrs. Brandmiller and our daughter to New Orleans, through Texas, up to the Grand Canyon, out to Los Angeles through Hollywood and up to Monterey was wonderful. It was all new country to me and quite an education. In Alexandria, La., during one of our frequent stops, had a very pleasant surprise when we accidentally bumped into Dotty Thomas (Mrs. Densmore Thomas) in a drug store. She happened to live just a few blocks from the drug store, Denny being stationed at Camp Livingston. He also received his captaincy in March. Received a V-Letter from Capt. DeCicco now stationed in Australia, says it's warm there.

We have a very fine place to live, in Carmel, just fifteen miles from Fort Ord, overlooking the Pacific Ocean and after being in Florida for the past six months can truthfully say that I prefer California.

Thanks again for sending the Bulletin. Would you please have my mailing address changed.

Capt. Barclay M. Brandmiller.

\*

**Major Armbrecht Keeps Us Posted**

May 30, 1943

Dear Miss Herald:

Sorry to bother you again so soon with a change of address but a promotion to the rank of Major and a transfer make it necessary.

Please change my address to Major George L. Armbrecht, M. C. 0-357508, Med. Det. 8th Inf., 4th Div., U. S. Army, A. P. O. 4, Fort Dix, New Jersey.

I have some additional information for your "Honor Roll" in the Bulletin. The name of a former St. Elizabeth's Hospital Interne has been omitted. He is Capt. Henry C. Marisco, M. C., 1560 S. U. Med. Sec., Station Hospital, Camp Atterbury, Indiana.

Major Ondash's latest address as of May 1, 1943, is: Major Stephen W. Ondash, M. C., 4th Aux. Surgical Group, Lawson General Hospital, Atlanta, Georgia.

Capt. E. F. Hardman, M. C., is now a Major at the same address as given at present.

Thank you very much for sending the Bulletin. I enjoy it very much.

Major George L. Armbrecht.

\*

**John Goes to Miss**

May 1, 1943

Dear Claude:

Just a note to let you know I have changed my address again at the pleasure of the Army.

I have had a pleasant and instructive

June

stay at Camp Sutton, but since I am a general service man I was transferred to numbered Station Hospital.  
Please have the Bulletin sent to my new address. My best to you and yours.  
John (Capt. John A. Rogers, M. C.) \*

### Lieut. Reese Has Plenty To Do!

Dear Dr. Norris:

I have just finished reading the Bulletin for May. It is certainly thoughtful for the Society to faithfully send to those of us who are away from home, our monthly contacts with our fellow-medicos.

I am still at the old address but my work now is entirely hospital in nature. In the hospital we take care of both men in the Maritime Training Service and also men in the U. S. Coast Guard, for the hospital is located directly between the two stations and the 20,000 attached men do furnish us with enough cause for staying out of mischief.

We aren't completely out of contact with the progress made in the medical world. We have a weekly meeting held each Tuesday evening. At these meetings various men either on our staff or well known men from the nearby medical schools speak. For instance last week the topic discussed was the "R/- factor in blood." Tonight we are going to hear something about Penicillinm. This is a follow up report on an earlier paper on the same subject, but given last November.

So far, I haven't seen many of the doctors in New York. The latest I saw was Capt. Morris Rosenblum, who was getting some Clinical Laboratory work at Columbia Medical School.

Enough chattering for now. Regards to Dr. Nagel, Miss Herald and all the rest.

Harold Reese (Lt. Harold Reese)

\*

Major McElroy Says NA "Cold As Hell" At Night!

April 2, 1943

Dear Claude:

Just a line to let you know that I am receiving the Bulletin. In fact it comes more regularly than any other mail and I am getting most of the news from it.

Ray Hall and I are stationed together at present in North Africa. This is a beautiful country but not for comfort, cold as hell at night and hot during the day. Everything plenty dirty.

Mac (Major W. D. McElroy)

\*

Capt. Paul M. K. in North Africa

March 2, 1943

Dear Claude:

First I want to apologize for not writing sooner to thank you for sending

the many copies of the Society's Bulletin to me since I left Youngstown. I want you to know that I appreciate the thought and certainly the Bulletin.

Started my tour from Youngstown in July '42 by going to Billings General Hospital in Ft. Benjamin Harrison, Indiana. Stayed there for several weeks and went to Camp Rucker in Alabama up to January, 1943. Left there for a staging area in the U. S. until February and then went across the sea arriving near Oran, N. Africa, the latter part of February. Remained there for three weeks and then by motor to our present location. Passed Algiers on the way and we are now in a French town close to the Mediterranean and ready to start our Station Hospital in a few days time. It is such a relief to get into permanent buildings again. We are starting out as a 500 bed hospital but I understand that shortly we are to be elevated into a larger unit. Spent some time with McElroy and Hall at Camp Rucker and I understand they are in N. Africa, too. Managed to get one of our nurses, Ruth Rider, to join our unit as anesthetist. She was trying to get overseas service at the port of embarkation. Spoke to our Commander and through channels he was able to place her in our unit, so Youngstown is fairly well represented.

Strict censorship prevents me from writing more about the Country, but will try and tell you on my return.

Paul (Capt. Paul M. Kaufman)

\*

### Sid Tells Us!

March 27, 1943

Dear Claude:

I have written a short article for your Bulletin which you may or may not care to publish, or you may care to publish portions of it. It seems to me that the public should know the kind of treatment that is given to medical men in many Industrial contract plants. This is probably not true of all but I have a close association with many Medical Directors and have heard that their problems are quite similar to mine.

Come and see me if you can.

Sincerely yours,

SIDNEY McCURDY, M. D.  
Medical Director

A Medical Episode in a Munition Industry  
By Sidney McCurdy, M. D.

We all realize that war is a terrible waste and one that consumes men and materials. This we accept as the price of



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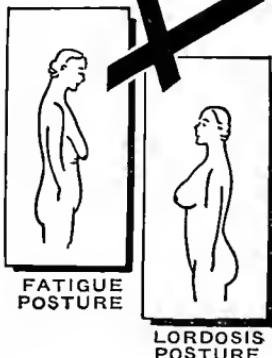
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victory. Every effort of a people should be put forth to insure adequate supplies for the armed forces. Thus far these necessities are partly manufactured by the army and navy directly, or under their supervision by sub-contractors. The army-operated plants have medical officers assigned them by the Surgeon General's Office. The plants operated by contract have civilian medical men procured by the "catch as catch can" system.

When the writer entered industry again in August of 1942 he took the place of the Medical Director on the day he left to be inducted into the army. Three days later the second medical man was drafted. Two weeks later the third and last trained man departed. An elderly man, 54, was employed a short time before the final exodus of all previously trained men who were familiar with the operations at this plant. It took until Jan. 1, 1943, until a full quota of satisfactory men was procured and trained. Procurement and Assignment furnished plenty of names, none of which I could obtain if I wanted them, most of which I rejected as unsuitable.

Salaries in contracting companies, \$500 or over, have to be approved by an Ordnance Commanding Officer. I presume he compares a civilian medical officer's salary with the salary paid army officers to the detriment of the civilian appointee. Such comparison is unfair for it does not consider the prerequisites that go with an army officer's salary.

I left retirement filled with a desire to do my patriotic duty commensurate with my age and training. My service began and I soon learned that there was a dual management, one apparently the final authority with the right to make and veto, the Ordnance Commanding Officer, and the other the Contractor who employed me and supervised the medical work. Such a system breeds a contest in which the Commanding Officer has a few hundred civilian employees to obtain the information and checks that he desires to know, and on the other hand the Contractor conceals if possible what he does not care to have known. This system affects the morale and efficiency of the medical department as well as all others. It was soon discovered that it would be difficult to render an adequate medical service if laymen did not respect sound medical advice. It was quickly recognized that some medical operations had previously been installed by laymen over the advice of my predecessor. I found the custom prevailing here of giving a special vitamin capsule to workers. This capsule was a shot gun mixture and given in the belief by management that it prevented chemical poisoning.

This was instituted by laymen and is distinctly very costly and unscientific. Interference by laymen with good intentions is too often the lot of the Medical Director or Contractor operated plants everywhere. The operating executives in their zeal for production fail to co-operate with too many medical recommendations if they cause operating inconveniences. Just recently a system of first aid stations to the number of five was ordered to be discontinued at once, first aid men transferred to operations and their work done by untrained firemen in two fire stations. This distinctly lowered the morale of the medical personnel and operating employees as well. Such service as can be rendered under this plan will be below that considered adequate according to all known medical standards.

The soldier at the front must be trained by the civilian soldier. Soldiers must be physically fit if they are to adequately render their service. Medical men trained in industrial medicine and surgery should be the only ones employed to care for the mental and physical welfare of the employees of war production plants. These mens' medical opinion must be followed and respected by laymen executives. Competent management will allow the medical advisor full latitude, co-operation and backing in their given field in which they are specialists.

I resigned, having convinced myself that the present attitude of my employers, the Army Ordnance and the Contractor, are incompatible with my ideals of medical service.

### During Food Shortages

It is well to bear in mind that dried brewers yeast, weight for weight, is the richest food source of the Vitamin B Complex. For example, as little as 1 level teaspoonful (2.5 Gm.) Mead's Brewers Yeast Powder supplies: 45% of the average adult daily thiamine allowance, 8% of the average adult daily riboflavin allowance, 10% of the average adult daily niacin allowance.

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## SINCE LAST MONTH—

Miss Jean Althof, daughter of Dr. and Mrs. Wellington Althof, and Dr. James Delmar Miller, son of Mr. and Mrs. Scott L. Miller, Columbus, were married May 15th, St. Edward's Rectory.

Dr. Albert M. Mogg, former Youngstown Hospital Interne, has been promoted to Captain in the U. S. Medical Corps at Camp Adair, Ore.

Dr. and Mrs. F. W. McNamara spent a few days visiting their daughter in New York.

Dr. and Mrs. R. L. Piercy are the parents of a daughter born at North Side Unit May 10th.

Major B. M. Bowman spent a few days with his family here before going to Santa Ana Air Base, Santa Ana, Cal.

Dr. V. C. Hart took a week's post-graduate course on disease and surgery of the eye at the Children's Memorial Hospital, Chicago.

Lieut. H. J. Reese and Mrs. Reese have concluded a brief visit with friends and relatives here.

Dr. and Mrs. D. A. Gross, Hubbard, recently returned from a trip to Southern Pines, N. C.

Capt. Oscar A. Axelson of the U. S. Army Medical Corps spent Easter with his family here.

Miss June Osborne, daughter of Dr. and Mrs. H. M. Osborne and Pvt. Paul Varkonda, son of Mr. and Mrs. Geo. Varkonda, were married April 17th, St. Patrick's Rectory.

Miss Joyce Osborne, daughter of Dr. and Mrs. H. M. Osborne and Mr. Allan Johnson, son of Mr. and Mrs. John M. Johnson, Warren, O., were married May 1st, St. Patrick's Rectory.

Dr. C. W. Sears has been pro-

moted to the rank of Major at Camp Rucker, Ala. Major Sears left here in August, 1943, as Captain and was stationed at El Paso, Texas. Mrs. Sears and their son and daughter, Richard and Mary, recently returned from Alabama after spending the winter with Major Sears.

### Dr. H. E. Blott Married 55 Years!

Dr. and Mrs. H. E. Blott observed their 55th wedding anniversary on May 15th, 1943. The Blott's have three children, Mrs. Caroline Evans, Cleveland, Edgar N. Blott, Chicago, and Dr. Myron S. Blott, Youngstown.

## ANNUAL MEETING of The Medical-Dental Bureau, Inc.

JULY 1st

### Reserve That Date Now!

Previous commitments and scarcity of proper accommodations has forced the selection of a later date than usual for the

Buffet Luncheon—President's Report—Election of Officers

We urge all members to attend. We need your cooperation.

**J. L. PRICE,**  
Executive Director

## DEPARTMENT OF HEALTH: IMPORTANT!

To all local Health Commissioners:

(Contributed by Dr. Mossman,  
Health Commissioner)

The authority for providing medical treatment and nursing care for cases of inflammation of the eyes of the new born and gonorrheal ophthalmia is the responsibility of the Ohio Commission for the Blind.

All cases of inflammation of the eyes of the new born occurring in infants under 14 days of age, and all cases of gonorrheal ophthalmia, regardless of age, must be reported to the health commissioner of the city or general health district within which such person is a resident, within 6 hours, by the physician, hospital or any person having knowledge of the existence of these conditions, either on the official yellow franked communicable disease report card, or by letter, telephone or in person.

The health commissioner is required to submit to the Ohio Department of Health, on the official yellow franked communicable disease report card, each case of inflammation of the eyes of the new born and gonnorrhreal ophthalmia which is reported to him, in that these are reportable diseases.

The health commissioner or person authorized by him is required to immediately investigate each case of inflammation of the eyes of the new born and each case of gonorrheal ophthalmia reported to him. The health commissioner is required to immediately submit to the Ohio Department of Health and to the Ohio Commission for the Blind, a copy of the report of the investigation of each case of inflammation of the eyes of the new born, and each case of gonorrheal ophthalmia on forms furnished by the Ohio Department of Health for this purpose.

If the health commissioner is of the opinion the patient is in need of medical or nursing care, he will immediately request assistance from the Ohio Commission for the Blind, Oak Street at Ninth, Columbus, by calling MAin 4591 during working hours. After working hours requests may be routed as follows: (1) Henry J. Robison, Columbus, KIngswood 1941; (2) J. W. Davis, Columbus, LAwndale 9929; (3) Albert D. Frost, M. D., Columbus, KIngswood 3412.

The Ohio Commission for the Blind will authorize medical and nursing care only when the patient is hospitalized. A fee of \$25.00 will be paid to designated medical associates for each case, and a maximum allowance of \$18.00 per diem will be provided for three private duty nurses. Hospitalization, dressings, medication, laboratory services, care of breast fed infants and transportation of the patient are required to be provided from local funds. The Ohio Commission for the Blind requires that all cases of gonorrheal ophthalmia must be hospitalized. If it is necessary for any case of gonorrheal ophthalmia to remain in the hospital for a period longer than 7 days, the Ohio Commission for the Blind must be notified and authorization secured for further nursing services.

R. H. MARKWITH, M. D.  
*Director of Health.*

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